

**DHMH-HQ MOBILE DEVICE ACCOUNTABILITY ACCEPTANCE
AND POLICY ACKNOWLEDGEMENT**

Responsibility

As the user of DHMH mobile device equipment identified below, the DHMH employee signing this statement acknowledges the responsibility to be careful with its use and to keep it secure at all times, guarding against loss or theft. All mobile device equipment remains the property of DHMH and must be returned to DHMH.

Accountability

1. DHMH mobile device equipment must not be altered or changed, including but not limited to software and hardware changes, without specific written authorization from the DHMH Telecommunications Coordinator.
2. The employee must report damaged, lost or stolen mobile device equipment to their unit manager as soon as practical, but no later than the next business day.
3. If DHMH mobile device equipment is stolen, the employee/user must initiate a police report before the equipment can be replaced.
4. If equipment is apparently negligently handled and damaged, or the mobile device equipment is lost, the Department may determine that the employee is responsible for paying the comparable equipment replacement cost.
5. Comparable equipment replacement cost will be based on the cost to DHMH to replace the mobile device equipment using the then current hardware standards of the Department, not to exceed the original cost of the equipment.
6. At termination of employment, mobile device equipment must be returned to DHMH in good working order or else be considered lost or damaged, wherein the employee may be held responsible for paying the comparable equipment replacement cost.

Acceptance

By my signature below, I acknowledge receipt of the following DHMH mobile device equipment in good working condition. Additionally, my signature below indicates that I have read and understand the State and DHMH Mobile Device and Services Policies and agree to the conditions of these policies.

Administration

Printed Name Of Mobile device User

Position/Title

Location:

Mobile device #:

Manufacturer Name/Model:

Serial # (ESN):

Vendor:

Inventory #:

Account #:

Mobile device User's Signature Date

Unit Telecommunication Monitor's Name

Mobile device Return Receipt *****

Telecommunications Monitor Signature Date Equipment Returned

A SIGNED COPY OF THIS FORM SHALL BE GIVEN TO THE EMPLOYEE WHEN MOBILE DEVICE EQUIPMENT IS RETURNED